

FY 09 REQUEST FOR FUNDS Grant # _____ Program: _____

Contact Person: _____
Organization: _____
Address 1: _____
Address 2: _____
City, State, Zip _____

- a. Total Amount of Grant: \$ _____
b. Amount of this grant previously requested: \$ _____
c. Amount now requested (EXPEND WITHIN ONE WEEK OF RECEIPT): \$ _____
d. Total of "b" and "c": \$ _____
e. DATE FUNDS ARE NEEDED: _____

Mail check to (complete only if different from address above):

Authorizing Official: _____
(signature)

Date: _____ Phone: _____ E-Mail: _____

Return to North Dakota Council on the Arts, 1600 E. Century Ave., Suite 6, Bismarck, ND 58503-0649